

| POSITION                         | INITIALS  | ID NO. | DATE               |
|----------------------------------|-----------|--------|--------------------|
| <b>FEES DETERMINATION</b>        | <i>AT</i> |        | <i>7-25-68</i>     |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>PH</i> |        | <i>7/9</i>         |
| <b>FORMALITY REVIEW</b>          |           |        |                    |
| <b>RESPONSE FORMALITY REVIEW</b> |           |        | <i>7/4/71 8/24</i> |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date           |
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| Final    |                |
| Original | <i>4/13/68</i> |
| 1        |                |
| 2 ✓      |                |
| 3 0      |                |
| 4 1      |                |
| 5        |                |
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| 7 0      |                |
| 8 ✓      |                |
| 9        |                |
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| 12       |                |
| 13       |                |
| 14 ✓     |                |
| 15 -     |                |
| 16 1     |                |
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| 20       |                |
| 21 -     |                |
| 22 ✓     |                |
| 23 0     |                |
| 24 1     |                |
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| 28 0     |                |
| 29 ✓     |                |
| 30 ✓     |                |
| 31 0     |                |
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| 34 0     |                |
| 35 ✓     |                |
| 36 ✓     |                |
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| 46 ✓     |                |
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| Claim    | Date           |
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| Final    |                |
| Original | <i>4/13/68</i> |
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If more than 150 claims or 10 actions  
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